

actual conditions is inadequate.

DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

RDS ☐ or XDS ☐ EXT. DATE \_\_\_\_\_

TS AUTH. \_\_\_\_\_ REASON(S) \_\_\_\_\_

ENDORSE EXISTING MARKINGS ☐

DECLASSIFIED ☐ RELEASABLE ☒

RELEASE DENIED ☐

EA OF FOI EXEMPTIONS \_\_\_\_\_

[illegible]

**Enclosure**

[illegible]